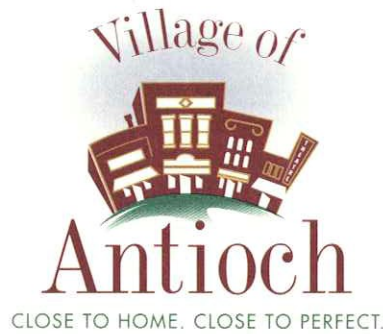


MAYOR

Dorothy A. Larson

CLERK

Candi L. Rowe

**TRUSTEES**

Robert J. Caulfield, Jr.

Lawrence M. Hanson

Robert E. McCarty

Scott A. Pierce

Barbara S. Porch

Mary J. Turner

Swimming Pool Sewer Credit Form

Name _____

Address _____

Phone _____ Acct #: _____

Filling Began on:**Continued Filling****Continued Filling**Beginning Meter
Reading _____Beginning Meter
Reading _____Beginning Meter
Reading _____

Date _____

Date _____

Date _____

Time _____

Time _____

Time _____

Ending Meter
Reading _____Ending Meter
Reading _____Ending Meter
Reading _____

What is the size of the pool? (Width x Depth) _____

Before filling the pool, the pool was (please check the appropriate box)

- ☐ Empty
☐ ¼ Full
☐ ½ Full
☐ Other (Please specify) _____

Form must be filled out completely prior to any credit given. If you have any questions regarding this form, please call the Utility Billing Department at 847-395-1000.

For Office Use Only

Completed Form Received by Utility Billing Department Date: _____

Total Gallons Used _____ Credit Amount _____

Approved By Village Clerk: _____ Date: _____